

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
6 TOWER PLACE, EXECUTIVE PARK
 City or town, state or province, country, and ZIP or foreign postal code
ALBANY, NY 12203

D Employer identification number
14-1505623

E Telephone number
(518) 446-9638

F Name and address of principal officer: **KAREN BILOWITH**
SAME AS C ABOVE

G Gross receipts \$ **51,527,016.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.CFGCR.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1968** **M State of legal domicile:** **NY**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	18,575.
b Net unrelated business taxable income from Form 990-T, line 34	7b	15,235.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,764,052.	Current Year 3,872,719.
	9 Program service revenue (Part VIII, line 2g)	23,312.	31,133.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,361,333.	4,403,381.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,125.	44,722.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,158,822.	8,351,955.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,384,491.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		519,440.	581,596.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 174,903.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		766,547.	1,053,554.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,670,478.	5,407,528.
19 Revenue less expenses. Subtract line 18 from line 12	5,488,344.	2,944,427.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 63,836,026.	End of Year 64,532,625.
	21 Total liabilities (Part X, line 26)	2,852,765.	3,913,337.
	22 Net assets or fund balances. Subtract line 21 from line 20	60,983,261.	60,619,288.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **KAREN BILOWITH, PRESIDENT**
 Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **TODD P. TERESCO** Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: **P00247720**

Firm's name: **SAXBST LLP** Firm's EIN: **46-4001827**
 Firm's address: **26 COMPUTER DRIVE WEST ALBANY, NY 12205** Phone no.: **(518) 459-6700**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 4,535,402. including grants of \$ 3,772,378.) (Revenue \$ 31,133.) FOR NEARLY 50 YEARS, THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION HAS WORKED TO IMPROVE THE QUALITY OF LIFE IN THE REGION BY PROMOTING AND FACILITATING EFFECTIVE PHILANTHROPY. OUR SUCCESS IS DIRECTLY RELATED TO OUR GENEROUS DONORS WHO INVEST THROUGH THE COMMUNITY FOUNDATION IN OUR AREA'S MOST EFFECTIVE NONPROFIT ORGANIZATIONS.

CURRENTLY, THE FOUNDATION ADMINISTERS MORE THAN 400 SEPARATE CHARITABLE FUNDS, WITH ASSETS TOTALING NEARLY \$65 MILLION. THE FOUNDATION PROVIDES HIGH-IMPACT, FLEXIBLE GIVING OPPORTUNITIES FOR DONORS; MAJOR FUNDING FOR NONPROFIT ORGANIZATIONS, AND SCHOLARSHIPS FOR LOCAL STUDENTS; LEADERSHIP AROUND KEY COMMUNITY ISSUES; AND UNSURPASSED KNOWLEDGE OF

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,535,402.

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X

**THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.**

Form 990 (2014)

14-1505623 Page 4

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form **990** (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		X
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 22		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **KAREN BILOWITH - 518-446-9638**
6 TOWER PLACE, ALBANY, NY 12203

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEBORAH ONSLOW IMMEDIATE PAST CHAIR	1.00	X		X				0.	0.	0.
(2) ELLEN SAX CHAIR	1.00	X		X				0.	0.	0.
(3) SUSAN C. PICOTTE, ESQ. FIRST VICE CHAIR	1.00	X		X				0.	0.	0.
(4) CHRISTINE L. STANDISH SECOND VICE CHAIR	1.00	X		X				0.	0.	0.
(5) KEVIN O'BRYAN SECRETARY	1.00	X		X				0.	0.	0.
(6) JEFFREY M. ROSENBAUM, JD, CPA TREASURER	1.00	X		X				0.	0.	0.
(7) VIRGINIA C. GREGG ASSISTANT TREASURER	1.00	X		X				0.	0.	0.
(8) MATTHEW BENDER IV BOARD MEMBER	1.00	X						0.	0.	0.
(9) GARY C. DAKE BOARD MEMBER	1.00	X						0.	0.	0.
(10) GLORIA DESOLE BOARD MEMBER	1.00	X						0.	0.	0.
(11) MARK EAGAN BOARD MEMBER	1.00	X						0.	0.	0.
(12) NANCY E. HOFFMAN, ESQ BOARD MEMBER	1.00	X						0.	0.	0.
(13) PAUL M. HOHENBERG BOARD MEMBER	1.00	X						0.	0.	0.
(14) WILLIAM M. KAHN, CPA BOARD MEMBER	1.00	X						0.	0.	0.
(15) STEVEN E. LOBEL BOARD MEMBER	1.00	X						0.	0.	0.
(16) AMY S. O'CONNOR, ESQ BOARD MEMBER	1.00	X						0.	0.	0.
(17) FRANCIS M. PITTS, FAIA BOARD MEMBER	1.00	X						0.	0.	0.

**THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.**

Form 990 (2014)

14-1505623 Page **8**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANN SHARPE, ESQ. BOARD MEMBER	1.00	X						0.	0.	0.
(19) C. WAYNE WILLIAMS BOARD MEMBER	1.00	X						0.	0.	0.
(20) JAMES A. SIDFORD, RHU BOARD MEMBER	1.00	X						0.	0.	0.
(21) FRANK SLINGERLAND BOARD MEMBER	1.00	X						0.	0.	0.
(22) JAN SMITH BOARD MEMBER	1.00	X						0.	0.	0.
(23) KAREN BILOWITH PRESIDENT & CEO	37.50			X				118,402.	0.	7,420.
1b Sub-total								118,402.	0.	7,420.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								118,402.	0.	7,420.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Form 990 (2014)

14-1505623 Page 9

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,872,719.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		3,872,719.			
Program Service Revenue	2 a MANAGEMENT FEES	Business Code 561000	31,133.	31,133.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		31,133.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,466,228.	18,575.	2,447,653.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)		1,937,153.		1,937,153.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	124,259.			
		b Less: direct expenses	b	79,537.		
c Net income or (loss) from fundraising events			44,722.		44,722.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11	a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		8,351,955.	31,133.	18,575.	4,429,528.	

**THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.**

Form 990 (2014)

14-1505623 Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,272,792.	3,272,792.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	476,416.	476,416.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	23,170.	23,170.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	125,822.	44,038.	57,878.	23,906.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	396,073.	166,855.	139,434.	89,784.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	59,701.	25,176.	25,567.	8,958.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	24,207.		24,207.	
c Accounting	24,340.		24,340.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	396,331.	387,074.	9,257.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	20,138.	2,617.	17,193.	328.
12 Advertising and promotion	14,941.			14,941.
13 Office expenses	13,500.		13,500.	
14 Information technology	1,670.		1,670.	
15 Royalties				
16 Occupancy	51,304.	20,771.	19,336.	11,197.
17 Travel	7,751.		7,751.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,496.	2,180.	16,316.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,378.		6,378.	
23 Insurance	12,565.		12,565.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PASSTHROUGH GRANTS	334,373.	114,313.	220,060.	
b BOARD TRAINING	48,618.		48,618.	
c EQUIPMENT LEASES/MAINTENANCE	32,913.		32,913.	
d ANNUAL REPORT/NEWSLETTER	25,789.			25,789.
e All other expenses	20,240.		20,240.	
25 Total functional expenses. Add lines 1 through 24e	5,407,528.	4,535,402.	697,223.	174,903.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Form 990 (2014)

14-1505623 Page 11

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	85,380.	1	184,606.
	2 Savings and temporary cash investments	3,606,142.	2	1,730,126.
	3 Pledges and grants receivable, net	98,550.	3	88,050.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,515.	9	13,191.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 215,863.		
	b Less: accumulated depreciation	10b 202,720.	15,635.	10c 13,143.
	11 Investments - publicly traded securities	50,042,179.	11	51,563,593.
	12 Investments - other securities. See Part IV, line 11	6,759,138.	12	8,845,335.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,224,487.	15	2,094,581.
16 Total assets. Add lines 1 through 15 (must equal line 34)	63,836,026.	16	64,532,625.	
Liabilities	17 Accounts payable and accrued expenses	10,457.	17	19,917.
	18 Grants payable	188,925.	18	343,380.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,653,383.	25	3,550,040.
	26 Total liabilities. Add lines 17 through 25	2,852,765.	26	3,913,337.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	36,926,480.	27	37,133,550.
	28 Temporarily restricted net assets	7,145,705.	28	5,776,354.
	29 Permanently restricted net assets	16,911,076.	29	17,709,384.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	60,983,261.	33	60,619,288.
	34 Total liabilities and net assets/fund balances	63,836,026.	34	64,532,625.

Form 990 (2014)

**THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.**

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	8,351,955.
2 Total expenses (must equal Part IX, column (A), line 25)	2	5,407,528.
3 Revenue less expenses. Subtract line 2 from line 1	3	2,944,427.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60,983,261.
5 Net unrealized gains (losses) on investments	5	-2,761,181.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	-547,219.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	60,619,288.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6941971.	2694842.	3689214.	2764052.	3872719.	19962798.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6941971.	2694842.	3689214.	2764052.	3872719.	19962798.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3598540.
6 Public support. Subtract line 5 from line 4.						16364258.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	6941971.	2694842.	3689214.	2764052.	3872719.	19962798.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1017655.	746,821.	975,158.	2237393.	2466228.	7443255.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				402.	15,235.	15,637.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						27421690.
12 Gross receipts from related activities, etc. (see instructions)					12	118,618.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	59.68 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	50.90 %
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

THE COMMUNITY FOUNDATION FOR THE GREATER

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Employer identification number

14-1505623

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	Employer identification number 14-1505623
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 100,060.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 219,320.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 222,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 100,524.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	Employer identification number 14-1505623
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 100,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 254,542.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 740,233.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	Employer identification number 14-1505623
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	STOCK _____ _____ _____	\$ 100,060.	05/14/14
3	STOCK _____ _____ _____	\$ 217,795.	11/12/14
5	STOCK _____ _____ _____	\$ 100,524.	09/12/14
9	STOCK _____ _____ _____	\$ 733,659.	08/22/14
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	Employer identification number 14-1505623
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2014

Open to Public Inspection

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC. **Employer identification number** 14-1505623

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	150	
2 Aggregate value of contributions to (during year)	1,864,168.	
3 Aggregate value of grants from (during year)	1,790,803.	
4 Aggregate value at end of year	28,459,501.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

**THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.**

Schedule D (Form 990) 2014

14-1505623 Page **3**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	8,836,475.	END-OF-YEAR MARKET VALUE
(B) LIMITED PARTNERSHIP		
(C) INTEREST	8,860.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	8,845,335.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE REMAINDER TRUST	
(3) LIABILITY	497,405.
(4) CHARITABLE GIFT ANNUITY LIABILITY	380,468.
(5) AGENCY ENDOWMENTS	2,672,167.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,550,040.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	5,684,373.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-2,761,181.	
b	Donated services and use of facilities	2b	3,000.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	90,599.	
e	Add lines 2a through 2d	2e	-2,667,582.	
3	Subtract line 2e from line 1	3	8,351,955.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,351,955.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	5,532,106.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	3,000.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	121,578.	
e	Add lines 2a through 2d	2e	124,578.	
3	Subtract line 2e from line 1	3	5,407,528.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,407,528.	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE COMMUNITY FOUNDATION'S ENDOWMENT CONSISTS OF VARIOUS INVESTMENTS OVERSEEN BY THE INVESTMENT COMMITTEE OF THE BOARD OF DIRECTORS. ITS ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS. ENDOWMENTS FUNDS ARE USED TO SUPPORT THE COMMUNITY FOUNDATION, AND ITS PROGRAM SERVICES, AS WELL AS TO SUPPORT OTHER ORGANIZATIONS AND SCHOLARS WITHIN THE GREATER CAPITAL REGION.

PART X, LINE 2:

THE COMMUNITY FOUNDATION IS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (CODE) AND RELATED NEW YORK

Part XIII Supplemental Information (continued)

STATE LAW AND IS EXEMPT FROM INCOME TAXES. THE COMMUNITY FOUNDATION HAS BEEN CLASSIFIED AS A PUBLICLY-SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(1) OF THE CODE.

THE COMMUNITY FOUNDATION FILES A FORM 990 ANNUALLY WITH THE INTERNAL REVENUE SERVICE. MANAGEMENT EVALUATED THE COMMUNITY FOUNDATION'S TAX POSITIONS, INCLUDING INTEREST AND PENALTIES ATTRIBUTABLE THERETO, AND CONCLUDED THAT THE COMMUNITY FOUNDATION HAD TAKEN NO TAX POSITIONS THAT REQUIRED ADJUSTMENT IN ITS FINANCIAL STATEMENTS AS OF DECEMBER 31, 2014.

FORMS 990 FILED BY THE COMMUNITY FOUNDATION ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE COMMUNITY FOUNDATION IS NO LONGER SUBJECT TO EXAMINATION FOR THE FISCAL YEARS ENDED DECEMBER 31, 2010, AND PRIOR.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE	79,537.
REVENUE ALLOCATED TO THE WILLIAM AND MARY BARNET FOUNDATION	11,062.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	90,599.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE	79,537.
EXPENSES ALLOCATED TO THE WILLIAM AND MARY BARNET FOUNDATION	42,041.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	121,578.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization
**THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.**

Employer identification number
14-1505623

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EUROPE	0	0	GRANTS		23,170.
3 a Sub-total	0	0			23,170.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			23,170.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2014

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	FOR THREE WATER WELLS	14,070.		0.		
		EUROPE	MADAGASCAR DEVELOPMENT FUND PROJECT	9,100.		0.		

COPY

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **2**

3 Enter total number of other organizations or entities **2**

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 2:

EXPENDITURE RESPONSIBILITY IS A SET OF PROCEDURES DESIGNED TO ENSURE THAT GRANTS ARE USED FOR CHARITABLE PURPOSES AND IS MANDATED FOR GRANTS FROM ADVISED FUNDS TO NON-CHARITABLE ORGANIZATIONS OR TO ORGANIZATIONS THAT HAVE NOT YET RECEIVED THEIR CHARITABLE DESIGNATION. THE EXERCISE OF EXPENDITURE RESPONSIBILITY ENSURES THAT THE FOUNDATION MAINTAINS APPROPRIATE OVERSIGHT AND DOCUMENTATION OF THE GRANT. GRANTS TO ORGANIZATIONS NOT DESCRIBED IN 170(B)(1)(A) OF THE INTERNAL REVENUE CODE SUCH AS NON CHARITIES, PRIVATE NON-OPERATING FOUNDATIONS, OR CERTAIN SUPPORTING ORGANIZATIONS OF PUBLIC CHARITIES ALL REQUIRE EXPENDITURE RESPONSIBILITY.

IF THE FOUNDATION DETERMINES THAT EXPENDITURE RESPONSIBILITY IS REQUIRED, IT WILL PERFORM THE FOLLOWING STEPS:

1. THE FOUNDATION WILL CONDUCT A PRE-GRANT INQUIRY TO DETERMINE WHETHER THE PROPOSED GRANTEE IS REASONABLY LIKELY TO USE THE GRANT FOR THE SPECIFIED PURPOSES.
2. THE FOUNDATION AND GRANTEE WILL SIGN A WRITTEN GRANT AGREEMENT WITH SPECIFIC TERMS REQUIRED BY LAW.
3. THE GRANTEE WILL MAINTAIN THE GRANT FUNDS IN A SEPARATE ACCOUNT ON THE GRANTEE'S BOOKS.
4. THE GRANTEE WILL REPORT TO THE GRANTOR, IN WRITING, NOT LESS THAN EVERY SIX MONTHS DURING THE TERM OF THE GRANT, EXPLAINING HOW IT USED THE FUNDS AND DESCRIBING ITS COMPLIANCE WITH THE GRANT TERMS AND ITS PROGRESS TOWARD THE GRANT PURPOSES.
5. REPORT TO IRS ON THE TAX RETURN.

THE COMMUNITY FOUNDATION FOR THE GREATER

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL LUNCHEON	TRAILBLAZERS LUNCHEON	6	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	82,475.	22,214.	19,570.	124,259.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	82,475.	22,214.	19,570.	124,259.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	17,377.	7,373.	54,787.	79,537.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				79,537.
11 Net income summary. Subtract line 10 from line 3, column (d)				44,722.	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2014

Open to Public
Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.**

Employer identification number
14-1505623

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A DIFFERENT WAY READING CENTER, INC. - 8 NORTH CHURCH STREET - SCHENECTADY, NY 12305	26-2947784	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT
A VILLAGE..., INC. 38 MORTON AVENUE ALBANY, NY 12202	30-0631023	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
ADIRONDACK FOUNDATION 302 BEAR CUB LANE LAKE PLACID, NY 12946	16-1535724	501(C)(3)	100,000.	0.			FOR GENERAL SUPPORT
AFRICAN REFLECTIONS FOUNDATION, INC. - 14 NORTH MANNING BLVD. APT C43 - ALBANY, NY 12206	20-1621143	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT
AFRICAN REFLECTIONS FOUNDATION, INC. - 14 NORTH MANNING BLVD. APT C43 - ALBANY, NY 12206	20-1621143	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
AGRICULTURAL STEWARDSHIP ASSOCIATION - 2531 STATE ROUTE 40 - GREENWICH, NY 12834	22-3084628	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **242.**

3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBANY COLLEGE OF PHARMACY 106 NEW SCOTLAND AVENUE ALBANY, NY 12208	14-1423161	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT
ALBANY COUNTY HISTORICAL SOCIETY- TEN BROECK MANSION - 9 TEN BROECK PLACE - ALBANY, NY 12210	14-6048668	501(C)(3)	35,418.	0.			FOR UNRESTRICTED USE
ALBANY COUNTY HISTORICAL SOCIETY- TEN BROECK MANSION - 9 TEN BROECK PLACE - ALBANY, NY 12210	14-6048668	501(C)(3)	13,662.	0.			FOR UNRESTRICTED USE
ALBANY INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	14-1343061	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT
ALBANY INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	14-1343061	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
ALBANY LAW SCHOOL 80 NEW SCOTLAND ALBANY, NY 12208	14-1338309	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE MC-119 ALBANY, NY 12208	14-6023119	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE MC-119 ALBANY, NY 12208	14-6023119	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE MC-119 ALBANY, NY 12208	14-6023119	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBANY POLICE AND FIRE FOUNDATION MVP HEALTH CARE 625 STATE STREET SCHENECTADY, NY 12305	14-1824602	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
ALBANY SYMPHONY ORCHESTRA 19 CLINTON AVENUE ALBANY, NY 12207	14-6013010	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
AMERICAN CANCER SOCIETY EASTERN DIVISION ONE PENNY LANE LATHAM, NY 12210	16-0743902	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY STREET PHILADELPHIA, PA 19102	23-1352010	501(C)(3)	9,000.	0.			FOR UNRESTRICTED USE
AMERICAN RED CROSS OF NORTHEASTERN NEW YORK - 33 EVERETT ROAD - ALBANY, NY 12205	53-0196605	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
AMERICAN RED CROSS OF NORTHEASTERN NEW YORK - 33 EVERETT ROAD - ALBANY, NY 12205	53-0196605	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
AMNESTY INTERNATIONAL 5 PENN PLAZA 16TH FLOOR NEW YORK, NY 10001	52-0851555	501(C)(3)	6,000.	0.			FOR UNRESTRICTED USE
AMSTERDAM FAMILY YMCA 58 NORTH PAWLING STREET HAGAMAN, NY 12086	14-1340007	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT
ART RESOURCE TRANSFER 526 WEST 26TH STREET SUITE 614 NEW YORK, NY 10001	95-4124438	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUDUBON MINNESOTA 1 WATER STREET WEST, SUITE 200 ST. PAUL, MN 55107	13-1624102	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
AVILLAGE..., INC. 38 MORTON AVENUE ALBANY, NY 12202	30-0631023	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
AVILLAGE..., INC. 38 MORTON AVENUE ALBANY, NY 12202	30-0631023	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
BETHLEHEM CENTRAL SCHOOL DISTRICT BUSINESS OFFICE 700 DELAWARE AVENUE DELMAR, NY 12054	26-1815321	PUBLIC SCHOOL	10,067.	0.			FOR GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF THE CAPITAL REGION - 1698 CENTRAL AVENUE - ALBANY, NY 12205	14-6035512	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF THE CAPITAL REGION - 1698 CENTRAL AVENUE - ALBANY, NY 12205	14-6035512	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF THE CAPITAL REGION - 1698 CENTRAL AVENUE - ALBANY, NY 12205	14-6035512	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
BOYS & GIRLS CLUB OF SCHENECTADY 400 CRAIG STREET SCHENECTADY, NY 12301	14-1364595	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
BREAD FOR THE WORLD INSTITUTE 425 3RD STREET SW SUITE 1200 WASHINGTON, DC 20024	51-0175510	501(C)(3)	6,000.	0.			FOR UNRESTRICTED USE

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
C.R. WOOD CANCER CENTER AT GLENS FALLS HOSPITAL - 102 PARK STREET - GLENS FALLS, NY 12801	14-1338413	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
CAFFE LENA 47 PHILA STREET PO BOX 245 SARATOGA SPRINGS, NY 12866	14-1726194	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
CANCER SERVICES PROGRAM 317 S. MANNING BLVD SUITE 250 ALBANY, NY 12208	22-2262982	501(C)(3)	5,350.	0.			FOR GENERAL SUPPORT
CAPITAL CITY RESCUE MISSION 259 SOUTH PEARL STREET PO BOX 1999 ALBANY, NY 12202	56-2663290	501(C)(3)	13,662.	0.			FOR UNRESTRICTED USE
CAPITAL DISTRICT CHILD CARE COUNCIL - 91 BROADWAY - MENANDS, NY 12204	14-1648493	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT
CAPITAL DISTRICT COMMUNITY GARDENS, INC. - 594 RIVER ST - TROY, NY 12180	14-1596291	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
CAPITAL DISTRICT COMMUNITY GARDENS, INC. - 40 RIVER STREET - TROY, NY 12180	14-1596291	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
CAPITAL DISTRICT COMMUNITY GARDENS, INC. - 40 RIVER STREET - TROY, NY 12180	14-1596291	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
CAPITAL DISTRICT COMMUNITY GARDENS, INC. - 40 RIVER STREET - TROY, NY 12180	14-1596291	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL DISTRICT COMMUNITY GARDENS, INC. - 40 RIVER STREET - TROY, NY 12180	14-1596291	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
CAPITAL DISTRICT COMMUNITY GARDENS, INC. - 40 RIVER STREET - TROY, NY 12180	14-1596291	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
CAPITAL DISTRICT WOMEN'S BAR ASSOCIATION - LEGAL PROJECT - STUYVESANT PLAZA 1475 WESTERN AVENUE - ALBANY, NY 12203	13-3841519	501(C)(3)	20,000.	0.			FOR UNRESTRICTED USE
CAPITAL REGION SPONSOR-A-SCHOLAR, INC. - PINE WEST PLAZA, BLDG. 3 WASHINGTON AVE EXT - ALBANY, NY 12205	14-1823014	501(C)(3)	9,189.	0.			FOR UNRESTRICTED USE
CAPITAL REGION SPONSOR-A-SCHOLAR, INC. - PINE WEST PLAZA, BLDG. 3 WASHINGTON AVE EXT - ALBANY, NY 12205	14-1823014	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
CAPITAL REGION YOUTH TENNIS FOUNDATION - 785 WASHINGTON AVENUE - ALBANY, NY 12206	14-1733312	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
CAPITAL REPERTORY COMPANY C/O PROCTOR'S THEATRE 432 STATE STR SCHENECTADY, NY 12305	13-2894677	501(C)(3)	32,500.	0.			FOR UNRESTRICTED USE
CAPITAL REPERTORY COMPANY C/O PROCTOR'S THEATRE 432 STATE STR SCHENECTADY, NY 12305	13-2894677	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
CAPTAIN YOUTH & FAMILY SERVICES, INC. - 5 MUNICIPAL PLAZA SUITE 3 - CLIFTON PARK, NY 12065	14-1637304	501(C)(3)	6,500.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARES, INC. 200 HENRY JOHNSON BLVD. SUITE 4 LATHAM, NY 12210	14-1731746	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
CATHOLIC CHARITIES OF SARATOGA, WARREN AND WASHINGTON COUNTIES - MARY'S HAVEN 142 REGENT STREET - SARATOGA SPRINGS, NY 12866	14-1340033	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY - 40 NORTH MAIN AVENUE - ALBANY, NY 12203	14-1340033	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT
CAZENOVA COLLEGE DEVELOPMENT OFFICE 22 SULLIVAN STRE CAZENOVA, NY 13035	15-0543658	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
CENTER FOR ECONOMIC GROWTH 39 N. PEARL STREET SUITE 100 ALBANY, NY 12207	22-2880333	501(C)(3)	7,338.	0.			FOR GENERAL SUPPORT
CENTER FOR ECONOMIC GROWTH 39 N. PEARL STREET SUITE 100 ALBANY, NY 12207	22-2880333	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT
CENTER FOR ECONOMIC GROWTH 39 N. PEARL STREET SUITE 100 ALBANY, NY 12207	22-2880333	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT
CENTER FOR ECONOMIC GROWTH 39 N. PEARL STREET SUITE 100 ALBANY, NY 12207	22-2880333	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT
CENTER FOR ECONOMIC GROWTH 39 N. PEARL STREET SUITE 100 ALBANY, NY 12207	22-2880333	501(C)(3)	7,338.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.**

Schedule I (Form 990)

14-1505623

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR ECONOMIC GROWTH 39 N. PEARL STREET SUITE 100 ALBANY, NY 12207	22-2880333	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT
CENTRO CIVICO HISPANOAMERICANO 143-145 EAST MAIN STREET AMSTERDAM, NY 12010	22-2877236	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
CF LEADS - COMMUNITY FOUNDATIONS LEADING CHANGE - 1055 BROADWAY SUITE 130 - KANSAS CITY, MO 64105	43-1645180	501(C)(3)	5,700.	0.			FOR GENERAL SUPPORT
CHRIST THE KING SPIRITUAL LIFE CENTER - 575 BURTON ROAD - GREENWICH, NY 12834	53-0196617	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT
CHRIST THE KING SPIRITUAL LIFE CENTER - 575 BURTON ROAD - GREENWICH, NY 12834	53-0196617	501(C)(3)	7,937.	0.			FOR GENERAL SUPPORT
CNSE CHILDREN'S MUSEUM OF SCIENCE AND TECHNOLOGY - 250 JORDAN ROAD - TROY, NY 12180	14-1443197	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
COHOES LOCAL DEVELOPMENT CORPORATION - 97 MOHAWK STREET - COHOES, NY 12047	06-1658545	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
COLONIE SENIOR SERVICE CENTERS, INC. - SIX WINNERS CIRCLE - COLONIE, NY 12205	22-2366576	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT
COMPASSION AND CHOICES 1001 CONNECTICUT AVENUE, NW STE 522 WASHINGTON, DC 20036	84-1328829	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPASSION IN ACTION - RESSURRECTION MINISTRIES - 553 CLINTON AVENUE - ALBANY, NY 12206	54-2110332	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
CONGREGATION EMANU-EL 151 MCINTOSH ROAD SARASOTA, FL 34232	59-1145961	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
COXSACKIE-ATHENS CENTRAL SCHOOL DISTRICT - 24 SUNSET BLVD. - COXSACKIE, NY 12051	14-6001390	PUBLIC SCHOOL	6,700.	0.			FOR GENERAL SUPPORT
COXSACKIE-ATHENS CENTRAL SCHOOL DISTRICT - 24 SUNSET BLVD. - COXSACKIE, NY 12051	14-6001390	PUBLIC SCHOOL	8,500.	0.			FOR GENERAL SUPPORT
DARTMOUTH COLLEGE C/O GIFT RECORDING OFFICE 6066 DEVELOPMENT OFFICE - HANOVER, NH 03755	02-0222111	501(C)(3)	6,500.	0.			FOR GENERAL SUPPORT
DARTMOUTH COLLEGE C/O GIFT RECORDING OFFICE 6066 DEVELOPMENT OFFICE - HANOVER, NH 03755	02-0222111	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
DOCTORS WITHOUT BORDERS 333 7TH AVENUE 2ND FLOOR NEW YORK, NY 10001	13-3433452	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
DOG AND CAT SHELTER, INC. 84 E RIDGE ROAD SHERIDAN, WY 82801	83-0211418	501(C)(3)	22,000.	0.			FOR GENERAL SUPPORT
DOUBLE "H" HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.**

Schedule I (Form 990)

14-1505623

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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DOUBLE "H" HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
DOWN SYNDROME AIM HIGH RESOURCE CENTER INC. - 22 CORPORATE WOODS BLVD. 5TH FLOOR - LOUDONVILLE, NY 12211	06-1644595	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
DR. HAWA ABDI FOUNDATION, INC. 4148 RUE ANTOINETTE STONE MTN, GA 30083	27-4382004	501(C)(3)	13,485.	0.			FOR UNRESTRICTED USE
DWIGHT-ENGLEWOOD SCHOOL 315 PALISADE AVENUE ENGLEWOOD, NJ 07631	22-1487165	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
EAST SIDE NEIGHBORHOOD RECREATION CENTER, INC - HOPE 7 COMMUNITY CENTER 596 PAWLING AVENUE - TROY, NY 12180	14-1503403	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
ELECTRONIC BODY ARTS, INC. 351 HUDSON AVENUE ALBANY, NY 12210	23-7401865	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
ELLIS HOSPITAL FOUNDATION, INC 1101 NOTT STREET SCHENECTADY, NY 12308	14-1638957	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
ELLIS HOSPITAL FOUNDATION, INC 1101 NOTT STREET SCHENECTADY, NY 12308	14-1638957	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT
ELLIS HOSPITAL FOUNDATION, INC 1101 NOTT STREET SCHENECTADY, NY 12308	14-1638957	501(C)(3)	20,000.	0.			FOR UNRESTRICTED USE

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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EMMA WILLARD SCHOOL 285 PAWLING AVENUE TROY, NY 12180	14-1338390	501(C)(3)	40,000.	0.			FOR GENERAL SUPPORT
EQUINOX, INC. 95 CENTRAL AVENUE ALBANY, NY 12206	14-1554346	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
EQUINOX, INC. 95 CENTRAL AVENUE ALBANY, NY 12206	14-1554346	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
FIRST UNITARIAN UNIVERSALIST SOCIETY OF ALBANY - 405 WASHINGTON AVE. - ALBANY, NY 12206	14-1509821	RELIGIOUS ORGAN	11,000.	0.			FOR GENERAL SUPPORT
FOOD PANTRIES FOR THE CAPITAL DISTRICT - 32 ESSEX STREET - ALBANY, NY 12206	14-1752164	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
FOOD PANTRIES FOR THE CAPITAL DISTRICT - 32 ESSEX STREET - ALBANY, NY 12206	14-1752164	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
GIRLS INCORPORATED OF THE GREATER CAPITAL REGION - 962 ALBANY STREET - SCHENECTADY, NY 12307	14-1434157	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
GRAND STREET COMMUNITY ARTS, INC. 68 GRAND STREET ALBANY, NY 12202	30-0195212	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
GRAND STREET COMMUNITY ARTS, INC. 68 GRAND STREET ALBANY, NY 12202	30-0195212	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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GUILDERLAND SCHOOL DISTRICT 8 SCHOOL ROAD PO BOX 18 GUILDERLAND CENTER, NY 12085	14-6004027	PUBLIC SCHOOL	6,700.	0.			FOR GENERAL SUPPORT
HABITAT FOR HUMANITY CAPITAL DISTRICT, INC. - 200 HENRY JOHNSON BLVD. SUITE 1 - ALBANY, NY 12210	14-1708404	501(C)(3)	5,879.	0.			FOR UNRESTRICTED USE
HABITAT FOR HUMANITY INTERNATIONAL, INC. - 121 HABITAT STREET - AMERICUS, GA 31709	91-1914868	501(C)(3)	6,000.	0.			FOR UNRESTRICTED USE
HARVEST FOOD & OUTREACH CENTER 1360 28TH STREET VERO BEACH, FL 32960	11-3697936	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
HELDEBERG WORKSHOP PO BOX 323 VOORHEESVILLE, NY 12186	14-6013351	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT
HISTORIC ALBANY FOUNDATION 89 LEXINGTON AVENUE ALBANY, NY 12206	23-7380514	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
HOMELESS ACTION COMMITTEE 393 NORTH PEARL STREET ALBANY, NY 12207	14-1745063	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
HUDSON VALLEY COMMUNITY COLLEGE FOUNDATION - 400 JORDAN ROAD, ROOM 106 - TROY, NY 12180	22-2427015	501(C)(3)	10,150.	0.			FOR GENERAL SUPPORT
HUDSON VALLEY COMMUNITY COLLEGE FOUNDATION - 400 JORDAN ROAD, ROOM 106 - TROY, NY 12180	22-2427015	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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INDIAN RIVER MEDICAL CENTER FOUNDATION - 1000 36TH STREET - VERO BEACH, FL 32960	59-0760215	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
INNOVATIVE CHARITABLE INITIATIVES, INC. - 272 BROADWAY - ALBANY, NY 12204	14-1813190	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT
INNOVATIVE CHARITABLE INITIATIVES, INC. - 272 BROADWAY - ALBANY, NY 12204	14-1813190	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
INTERFAITH PARTNERSHIP FOR THE HOMELESS - 176 SHERIDAN AVENUE - ALBANY, NY 12210	14-1666321	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
INTERFUND - NCFGEF C/O CFGCR 6 TOWER PLACE ALBANY, NY 12203	14-1505623	501(C)(3)	35,000.	0.			FOR GENERAL SUPPORT
INTERFUND - AFHOSP C/O CFGCR 6 TOWER PLACE ALBANY, NY 12203	14-1505623	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT
INTERFUND - AMAP PROGRAM FOR WGGF C/O CFGCR 6 TOWER PLACE ALBANY, NY 12203	14-1505623	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
INTERFUND - ANNE C/O CFGCR 6 TOWER PLACE ALBANY, NY 12203	14-1505623	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT
INTERFUND - ASA C/O CFGCR 6 TOWER PLACE ALBANY, NY 12203	14-1505623	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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INTERFUND - CAPACITY BUILDING FUND C/O CFGCR 6 TOWER PLACE ALBANY, NY 12203	14-1505623	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
INTERFUND - CFGC C/O CFGCR 6 TOWER PLACE ALBANY, NY 12203	14-1505623	501(C)(3)	67,402.	0.			FOR GENERAL SUPPORT
INTERFUND - CFGCR ANNUAL APPEAL C/O CFGCR 6 TOWER PLACE ALBANY, NY 12203	14-1505623	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
INTERFUND - COMM C/O CFGCR 6 TOWER PLACE ALBANY, NY 12203	14-1505623	501(C)(3)	5,879.	0.			FOR GENERAL SUPPORT
INTERFUND - FOSSICK C/O CFGCR 6 TOWER PLACE ALBANY, NY 12203	14-1505623	501(C)(3)	13,662.	0.			FOR UNRESTRICTED USE
INTERFUND - GOLUB C/O CFGCR 6 TOWER PLACE ALBANY, NY 12203	14-1505623	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT
INTERFUND - GRANT (MT. MCGREGOR) C/O CFGCR 6 TOWER PLACE ALBANY, NY 12203	14-1505623	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
INTERFUND - GREENVILLE C/O CFGCR 6 TOWER PLACE ALBANY, NY 12203	14-1505623	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT
INTERFUND - HERSHEY C/O CFGCR 6 TOWER PLACE ALBANY, NY 12203	14-1505623	501(C)(3)	15,359.	0.			FOR UNRESTRICTED USE

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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INTERFUND - MOHU C/O CFGCR 6 TOWER PLACE ALBANY, NY 12203	14-1505623	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT
INTERFUND - NCFE C/O CFGCR 6 TOWER PLACE ALBANY, NY 12203	14-1505623	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
INTERFUND - REID C/O CFGCR 6 TOWER PLACE ALBANY, NY 12203	14-1505623	501(C)(3)	6,673.	0.			FOR GENERAL SUPPORT
INTERFUND - SARATOGA P.L.A.N. C/O CFGCR 6 TOWER PLACE ALBANY, NY 12203	14-1505623	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
INTERFUND - URBAN C/O CFGCR 6 TOWER PLACE ALBANY, NY 12203	14-1505623	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
JERUSALEM REFORMED CHURCH PO BOX 70 FEURA BUSH, NY 12067	22-2515091	501(C)(3)	7,498.	0.			FOR UNRESTRICTED USE
JEWISH FEDERATION OF SARASOTA/MANATEE - 580 MCINTOSH ROAD - SARASOTA, FL 34232	59-1227747	501(C)(3)	10,000.	0.			FOR UNRESTRICTED USE
JOSEPH'S HOUSE & SHELTER INC. 74 FERRY STREET TROY, NY 12180	14-1636163	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT
JOSEPH'S HOUSE & SHELTER INC. 202 4TH STREET TROY, NY 12180	14-1636163	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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JUNIOR ACHIEVEMENT OF NORTHEASTERN NEW YORK, INC. - 8 STANLEY CIRCLE - LATHAM, NY 12110	14-1429763	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
KIGALI MEDICAL UNIVERSITY FOUNDATION - 903 LOCUST GROVE ROAD - GREENFIELD CENTER, NY 12833	42-1741357	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
KOINONIA HEALTHCARE 553 CLINTON AVENUE ALBANY, NY 12206	45-3448794	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
LIFETIME CARE, INC. 3111 WINTON ROAD SOUTH ROCHESTER, NY 14623	22-2221158	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
LITERACY NEW YORK GREATER CAPITAL REGION - C/O SCPL 99 CLINTON STREET, 2ND FLOOR - SCHENECTADY, NY 12305	23-7409758	501(C)(3)	5,719.	0.			FOR UNRESTRICTED USE
MAIMONIDES HEBREW DAY SCHOOL 404 PARTRIDGE STREET ALBANY, NY 12208	22-2318286	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
MAKE-A-WISH FOUNDATION OF NORTHEAST NEW YORK - 1 MUSTANG DRIVE - COHOES, NY 12047	14-1703503	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
MECHANICVILLE AREA COMMUNITY SERVICE CENTER INC. - PO BOX 30 6 SOUTH MAIN STREET - MECHANICVILLE, NY 12118	14-1536118	501(C)(3)	5,800.	0.			FOR GENERAL SUPPORT
MOHAWK AND HUDSON RIVER HUMANE SOCIETY - 3 OAKLAND AVENUE - MENANDS, NY 12204	14-1338459	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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MOHAWK HUDSON LAND CONSERVANCY PO BOX 567 SLINGERLANDS, NY 12159	14-1754157	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET SOUTH HADLEY, MA 01075	04-2103578	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
MOUNTAIN FLOWER URBAN GOAT DAIRY 3340 BROADWAY BOULDER, CO 80304	46-1341252	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
MUSEUM OF INNOVATION AND SCIENCE (MISCI) - 15 NOTT TERRACE HEIGHTS - SCHENECTADY, NY 12308	14-1275432	501(C)(3)	300,000.	0.			FOR GENERAL SUPPORT
MYLES MCADOO MYLES OF SMYLES FOUNDATION, INC. - P.O. BOX 10415 - ALBANY, NY 12207	46-1396761	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT
NATIONAL ALLIANCE ON MENTAL ILLNESS - NEW YORK STATE - 99 PINE STREET SUITE 302 - ALBANY, NY 12207	22-2571353	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
NEW ENGLAND LAW LIBRARY CONSORTIUM, INC. - 80 NEW SCOTLAND AVENUE - ALBANY, NY 12208	04-2897950	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
NISKAYUNA CENTRAL SCHOOL DISTRICT BUSINESS OFFICE 1239 VAN ANTWERP RO NISKAYUNA, NY 12309	14-6009381	PUBLIC SCHOOL	5,000.	0.			FOR GENERAL SUPPORT
NORTH COUNTRY MINISTRY 32 CIRCLE AVENUE PO BOX 111 NORTH CREEK, NY 12853	22-3787718	501(C)(3)	9,971.	0.			FOR UNRESTRICTED USE

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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OUR TOWNS HABITAT FOR HUMANITY PO BOX 1088 DAVIDSON, NC 28036	56-1733643	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
PALACE THEATRE 19 CLINTON AVENUE ALBANY, NY 12207	14-1708151	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
PARK PLAYHOUSE PO BOX 525 ALBANY, NY 12201	14-1717464	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT
PARK PLAYHOUSE PO BOX 525 ALBANY, NY 12201	14-1717464	501(C)(3)	10,000.	0.			FOR UNRESTRICTED USE
PARK PLAYHOUSE PO BOX 525 ALBANY, NY 12201	14-1717464	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
PENN MEDICINE OFFICE OF DEVELOPMENT AND ALUMNI RELATIONS 3535 MARKET STREET, SUITE 750 - P	23-1352685	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
PENN SIGNATURE SERVICES 5033 W. GATES BUILDING 3400 SPRUCE PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
PINE HOLLOW ARBORETUM 34 PINE HOLLOW ROAD SLINGERLANDS, NY 12159	26-1815321	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - 434 W. 33RD STREET - NEW YORK, NY 10001	13-1644147	501(C)(3)	6,000.	0.			FOR UNRESTRICTED USE

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAY ON, PHILLY PO BOX 8662 PHILADELPHIA, PA 19101	45-3754114	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
PRIDE CENTER OF THE CAPITAL REGION CAPITAL DIST GAY AND LESBIAN COMMUNITY COUNCIL 332 HUDSON AVE - ALBANY, NY	14-1605106	501(C)(3)	25,000.	0.			FOR UNRESTRICTED USE
PRIDE CENTER OF THE CAPITAL REGION CAPITAL DIST GAY AND LESBIAN COMMUNITY COUNCIL 332 HUDSON AVE - ALBANY, NY	14-1605106	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT
PROCTORS, ARTS CENTER & THEATRE OF SCHENECTADY, INC. - 432 STATE STREET - SCHENECTADY, NY 12305	14-1602083	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
PROCTORS, ARTS CENTER & THEATRE OF SCHENECTADY, INC. - 432 STATE STREET - SCHENECTADY, NY 12305	14-1602083	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
PROCTORS, ARTS CENTER & THEATRE OF SCHENECTADY, INC. - 432 STATE STREET - SCHENECTADY, NY 12305	14-1602083	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
REBUILDING TOGETHER SARATOGA COUNTY, INC. - 267 BALLARD ROAD SUITE 4 - WILTON, NY 12831	20-0530683	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT
REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK - 965 ALBANY-SHAKER ROAD - LATHAM, NY 12110	22-2470885	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK - 965 ALBANY-SHAKER ROAD - LATHAM, NY 12110	22-2470885	501(C)(3)	6,000.	0.			FOR UNRESTRICTED USE

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RENSSELAER COUNTY REGIONAL CHAMBER OF COMMERCE - 255 RIVER STREET - TROY, NY 12180	14-1127090	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
RENSSELAER COUNTY REGIONAL CHAMBER OF COMMERCE - 90 FOURTH STREET SUITE 200 - TROY, NY 12180	14-1127090	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT
RENSSELAER COUNTY REGIONAL CHAMBER OF COMMERCE - 255 RIVER STREET - TROY, NY 12180	14-1127090	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
RENSSELAER POLYTECHNIC INSTITUTE TROY BUILDING, 3RD FLOOR TROY, NY 12180	14-1340095	501(C)(3)	32,787.	0.			FOR GENERAL SUPPORT
RENSSELAER POLYTECHNIC INSTITUTE TROY BUILDING, 3RD FLOOR TROY, NY 12180	14-1340095	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF THE CAPITAL REGION, INC. - 139 SOUTH LAKE AVENUE - ALBANY, NY 12208	22-2356004	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
ROSEMARY FARM SANCTUARY, INC. 1646 ROSES BROOK ROAD SOUTH KORTRIGHT, NY 13842	45-5185301	501(C)(3)	16,460.	0.			FOR UNRESTRICTED USE
SALVATION ARMY AMSTERDAM TEMPLE 267 MARKET STREET AMSTERDAM, NY 12010	13-5562351	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
SARATOGA HOSPITAL 211 CHURCH STREET SARATOGA SPRINGS, NY 12866	14-1338547	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.**

Schedule I (Form 990)

14-1505623

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SARATOGA P.L.A.N. 112 SPRING STREET ROOM 202 SARATOGA SPRINGS, NY 12866	14-1706013	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
SARATOGA P.L.A.N. 112 SPRING STREET ROOM 202 SARATOGA SPRINGS, NY 12866	14-1706013	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT
SARATOGA PERFORMING ARTS CENTER, INC. - 108 AVENUE OF THE PINES - SARATOGA SPRINGS, NY 12866	14-1466353	501(C)(3)	100,000.	0.			FOR GENERAL SUPPORT
SCHENECTADY ARC, NYSARC, INC. SCHENECTADY COUNTY CHAPTER - 214 STATE STREET PO BOX 2236 - SCHENECTADY, NY 12301	14-1459277	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT
SCHENECTADY COUNTY COMMUNITY COLLEGE FOUNDATION, INC. - 78 WASHINGTON AVENUE - SCHENECTADY, NY 12305	23-7194187	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
SCHENECTADY COUNTY COMMUNITY COLLEGE FOUNDATION, INC. - 78 WASHINGTON AVENUE - SCHENECTADY, NY 12305	23-7194187	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
SCHENECTADY COUNTY COMMUNITY COLLEGE FOUNDATION, INC. - 78 WASHINGTON AVENUE - SCHENECTADY, NY 12305	23-7194187	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
SCHOHARIE RIVER CENTER, INC. 2025 BURTONSVILLE ROAD ESPERANCE, NY 12066	14-1818532	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT
SCHUYLERVILLE CENTRAL SCHOOL DISTRICT - SCHUYLERVILLE HIGH SCHOOL - MATH DEPARTMENT 14 SPRING STREET - SCHUYLERVILLE, NY 12871	14-6001945	PUBLIC SCHOOL	7,560.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

Page 1

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR SERVICES OF ALBANY 32 ESSEX STREET ALBANY, NY 12206	14-1392442	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
SHAKER HERITAGE SOCIETY 25 MEETING HOUSE ROAD ALBANY, NY 12211	22-2186087	501(C)(3)	10,277.	0.			FOR UNRESTRICTED USE
SHAKER HERITAGE SOCIETY 25 MEETING HOUSE ROAD ALBANY, NY 12211	22-2186087	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
SIENA COLLEGE OFFICE OF BUSINESS AFFAIRS 515 LOUDON ROAD - LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT
SIENA COLLEGE OFFICE OF BUSINESS AFFAIRS 515 LOUDON ROAD - LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
SKIDMORE COLLEGE 815 NORTH BROADWAY SARATOGA SPRINGS, NY 12866	14-1338562	501(C)(3)	100,000.	0.			FOR GENERAL SUPPORT
SOUTH END IMPROVEMENT CORPORATION 38 CATHERINE STREET ALBANY, NY 12202	14-1604145	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
SOUTH KORTRIGHT CENTRAL SCHOOL DISTRICT - 58200 STATE HIGHWAY 10 PO BOX 113 - SOUTH KORTRIGHT, NY 13842	15-6002380	PUBLIC SCHOOL	5,000.	0.			FOR GENERAL SUPPORT
SOUTH KORTRIGHT CENTRAL SCHOOL DISTRICT - 58200 STATE HIGHWAY 10 PO BOX 113 - SOUTH KORTRIGHT, NY 13842	15-6002380	PUBLIC SCHOOL	5,000.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.**

Schedule I (Form 990)

14-1505623

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOHN'S EPISCOPAL CHURCH 146 FIRST STREET TROY, NY 12180	14-1350797	RELIGIOUS ORGAN	40,000.	0.			FOR GENERAL SUPPORT
ST. JOHN'S UNIVERSITY HUGH L. CAREY CENTER FOR DISPUTE RESOLUTION 8000 UTOPIA PARKWAY - QUEENS, NY	11-1630830	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
ST. JUDE THE APOSTLE SCHOOL 42 DANA AVENUE WYNANTSKILL, NY 12198	58-0877839	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT
ST. PATRICK'S CATHEDRAL 460 MADISON AVENUE NEW YORK, NY 10022	13-3089351	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
ST. PETER'S HEALTH PARTNERS - ST. PETER'S HOSPITAL - 315 SOUTH MANNING BOULEVARD - ALBANY, NY 12208	14-1348692	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
ST. PETER'S HEALTH PARTNERS - SUNNYVIEW HOSPITAL AND REHABILITATION CENTER - 1270 BELMONT AVENUE - SCHENECTADY, NY	22-2505127	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
ST. PIUS X CHURCH 23 CRUMITIE ROAD LOUDONVILLE, NY 12211	14-1387288	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER FOUNDATION - 1270 BELMONT AVENUE - SCHENECTADY, NY 12308	22-2505127	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
THE ALBANY ACADEMIES 135 ACADEMY ROAD ALBANY, NY 12208	14-1338579	501(C)(3)	20,000.	0.			FOR UNRESTRICTED USE

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHALLENGER LEARNING CENTER OF THE GREATER CAPITAL REGION, INC - PO BOX 104 - SCHENECTADY, NY 12301	14-1811320	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
THE CHRISTOPHER DAILEY FOUNDATION 23 BROOKSIDE DRIVE SARATOGA SPRINGS, NY 12866	26-0000936	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT
THE COLLEGE OF SAINT ROSE MASSRY CENTER FOR THE ARTS 432 WEST ALBANY, NY 12203	14-1338371	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
THE CORPORATION OF YADDO PO BOX 395 SARATOGA SPRINGS, NY 12866	14-1343055	501(C)(3)	7,593.	0.			FOR UNRESTRICTED USE
THE FIRST REFORMED CHURCH OF SCHENECTADY - 8 NORTH CHURCH STREET - SCHENECTADY, NY 12305	14-1364528	501(C)(3)	12,000.	0.			FOR UNRESTRICTED USE
THE FUND FOR LAKE GEORGE PO BOX 352 2199A ROUTE 9 LAKE GEORGE, NY 12845	22-2565313	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
THE GOW SCHOOL 2491 EMERY ROAD SOUTH WALES, NY 14139	16-1034793	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT
THE JACK AND JILL LATE STAGE CANCER FOUNDATION, INC. - 3282 NORTHSIDE PARKWAY, NW SUITE 100 - ATLANTA, GA 30327	20-4415512	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
THE KAREN AND GARY DAKE FOUNDATION FOR CHILDREN - 270 WEST CIRCULAR STREET - SARATOGA SPRINGS, NY 12866	14-1801175	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.**

Schedule I (Form 990)

14-1505623

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ROMAN CATHOLIC DIOCESE OF ALBANY - 40 NORTH MAIN AVENUE - ALBANY, NY 12203	14-1347456	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
THE UNIVERSITY AT ALBANY FOUNDATION - 1400 WASHINGTON AVENUE UNH 305 - ALBANY, NY 12222	14-1503972	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
TRINITY ALLIANCE OF THE CAPITAL DISTRICT - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122	501(C)(3)	12,500.	0.			FOR GENERAL SUPPORT
TRINITY ALLIANCE OF THE CAPITAL DISTRICT - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122	501(C)(3)	9,511.	0.			FOR GENERAL SUPPORT
TROY AREA UNITED MINISTRIES 392 SECOND STREET TROY, NY 12180	14-1685408	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT
TROY REHABILITATION & IMPROVEMENT PROGRAM, INC. - 415 RIVER STREET - TROY, NY 12180	14-1503655	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
TROY SAVINGS BANK MUSIC HALL CORP. 30 SECOND STREET TROY, NY 12180	22-2270512	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
UNDERGROUND RAILROAD HISTORY PROJECT OF THE CAPITAL REGION - PO BOX 10851 - ALBANY, NY 12201	56-2389806	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
UNION GRADUATE COLLEGE 80 NOTT TERRACE SCHENECTADY, NY 12308	20-0258004	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED CHURCH OF CHRIST NEW YORK CONFERENCE - PO BOX 357 - SLINGERLANDS, NY 12159	01-0916381	501(C)(3)	10,000.	0.			FOR UNRESTRICTED USE
UNITED JEWISH FEDERATION OF NORTHEASTERN NEW YORK - THE GOLUB CENTER 184 WASHINGTON AVE. EXT. - ALBANY, NY 12203	22-2805163	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
UNITED JEWISH FEDERATION OF NORTHEASTERN NEW YORK - THE GOLUB CENTER 184 WASHINGTON AVE. EXT. - ALBANY, NY 12203	22-2805163	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
UNITED WAY OF THE GREATER CAPITAL REGION, INC. - ONE UNITED WAY - ALBANY, NY 12205	14-1364505	501(C)(3)	10,000.	0.			FOR UNRESTRICTED USE
UNITED WAY OF THE GREATER CAPITAL REGION, INC. - ONE UNITED WAY - ALBANY, NY 12205	14-1364505	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
UNITY HOUSE OF TROY, INC. 2431 6TH AVENUE TROY, NY 12180	23-2378930	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
UNITY HOUSE OF TROY, INC. 2431 6TH AVENE TROY, NY 12180	23-2378930	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
UNITY HOUSE OF TROY, INC. 2431 6TH AVENUE TROY, NY 12180	23-2378930	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE ALBANY, NY 12206	14-6000805	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISITING NURSE ASSOCIATION OF SCHENECTADY COUNTY - 108 ERIE BOULEVARD - SCHENECTADY, NY 12305	14-1338478	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT
VISITING NURSE SERVICE OF NORTHEASTERN NEW YORK - 108 ERIE BOULEVARD - SCHENECTADY, NY 12305	14-1338478	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
WATERFLOW 316 N COMMERCIAL AVE SEDGWICK, KS 67135	45-4835686	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT
WHEELOCK COLLEGE 200 THE RIVERWAY BOSTON, MA 02215	04-2103639	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
WHITNEY M. YOUNG, JR. HEALTH CENTER, INC. - 920 LARK DRIVE - ALBANY, NY 12207	13-2922147	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
WHITNEY M. YOUNG, JR. HEALTH CENTER, INC. - 920 LARK DRIVE - ALBANY, NY 12207	13-2922147	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
WILDWOOD PROGRAMS, INC. 2995 CURRY ROAD EXTENSION SCHENECTADY, NY 12303	22-2132752	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
WILLIAMSTOWN THEATRE FESTIVAL PO BOX 517 WILLIAMSTOWN, MA 01267	04-2237311	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
WILLIAMSTOWN THEATRE FESTIVAL PO BOX 517 WILLIAMSTOWN, MA 01267	04-2237311	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

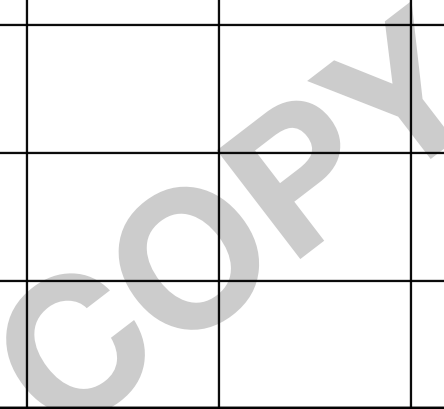
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WMHT EDUCATIONAL TELECOMMUNICATIONS - 4 GLOBAL VIEW - TROY, NY 12180	14-1400177	501(C)(3)	78,560.	0.			FOR GENERAL SUPPORT
X-QUEST, INC 826 STATE STREET SCHENECTADY, NY 12307	13-3862213	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE

COPY

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COLLEGE SCHOLARSHIPS	232	476,416.	0.	APPLIED TUITION	



Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION (CFGCR) AWARDS
GRANTS FROM ITS DISCRETIONARY COMMUNITY IMPACT FUNDS BASED ON LOCALLY
IDENTIFIED NEEDS AND A COMPETITIVE REVIEW PROCESS. GRANTS FROM ADVISED AND
DESIGNATED FUNDS ARE RECOMMENDED BY FUND ADVISORS OR THROUGH GIFT
INSTRUMENTS, AND THEN ARE APPROVED BY THE CFGCR BOARD OF DIRECTORS. SUCH
RECOMMENDATIONS MAY BE ACCEPTED OR REJECTED, IN WHOLE OR IN PART, BY THE
FOUNDATION'S BOARD OF DIRECTORS IN ITS SOLE AND ABSOLUTE DISCRETION.

Part IV Supplemental Information

ALL GRANT RECIPIENTS MUST QUALIFY UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AS A NON-PROFIT ORGANIZATION OR OPERATE UNDER THE FISCAL SPONSORSHIP OF AN ORGANIZATION THAT DOES.

ALL GRANT FUNDS MUST BE USED FOR CHARITABLE, EDUCATIONAL, SCIENTIFIC, LITERARY, OR OTHER PURPOSES PERMITTED OF A PUBLIC CHARITY (INCLUDING ANY COMBINATION OF SUCH PURPOSES AND ADMINISTRATIVE SUPPORT).

CFGCR REQUIRES ALL GRANT RECIPIENTS TO SIGN AND RETURN A GRANT AGREEMENT, GRANT PROVISIONS AND A CHECK ACKNOWLEDGEMENT FORM.

FOR GRANTS MADE FROM CFGCR'S COMMUNITY IMPACT FUNDS, ALL GRANT RECIPIENTS MUST SERVE RESIDENTS OF AND BE LOCATED WITHIN THE 10 COUNTY CAPITAL REGION OF NEW YORK STATE. FOR THESE GRANTS, CFGCR REQUESTS A SIX MONTH AND A FINAL REPORT FROM EACH GRANT RECIPIENT. THIS REPORT INCLUDES A COMPLETE FINANCIAL STATEMENT SHOWING ALL FUNDS RECEIVED AND EXPENDED FOR THE PROGRAMS COVERED BY THE GRANT, AND A NARRATIVE REPORT ON THE PROJECT AND ITS SIGNIFICANCE AND SUCCESS. THE FINANCIAL AND NARRATIVE REPORTS COMPARE ACTUAL EXPENDITURES AND ACCOMPLISHMENTS WITH THE BUDGET AND OBJECTIVES CITED IN THE ORIGINAL PROPOSAL. IN ADDITION, A SITE VISIT MAY BE REQUESTED BY CFGCR DURING THE GRANT PERIOD. THE GRANTEES ARE GIVEN ADVANCE NOTICE OF SUCH A REQUEST.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.** Employer identification number **14-1505623**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	28	1,467,438.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a**
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2014)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization	THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	Employer identification number	14-1505623
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FORM 990, PART I, LINE 1: DESCRIPTION OF ORGANIZATION MISSION

THE COMMUNITY FOUNDATION'S MISSION IS TO STRENGTHEN THE COMMUNITY THROUGH PHILANTHROPY. THE FOUNDATION DOES THIS IN COLLABORATION WITH DONORS AND COMMUNITY PARTNERS WHO SHARE ITS VISION FOR COMMUNITY TRANSFORMATION THROUGH STEWARDSHIP OF CHARITABLE ENDOWMENTS, SUPERIOR DONOR SERVICES, EFFECTIVE GRANT MAKING, AND LEADERSHIP TO ADDRESS COMMUNITY NEEDS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY NEEDS AND TRENDS.

IN 2014, THE COMMUNITY FOUNDATION AWARDED NEARLY \$4.2 MILLION TO MORE THAN 1,100 NONPROFIT ORGANIZATIONS AND SCHOLARSHIP RECIPIENTS IN THE CAPITAL REGION AND ACROSS THE COUNTRY. SINCE INCEPTION, WE HAVE INVESTED MORE THAN \$50 MILLION IN OUR COMMUNITIES THROUGH GRANT AND SCHOLARSHIP FUNDING. OUR GRANT FUNDING ACHIEVES MEANINGFUL, MEASURABLE RESULTS AND LEVERAGES SIGNIFICANT INVESTMENTS FROM OTHER FOUNDATIONS, DONORS, AND GOVERNMENT SOURCES.

FORM 990, PART VI, SECTION A, LINE 4:

IN 2014, THE COMMUNITY FOUNDATION REVISED ALL CFGCR BY-LAWS AND POLICIES RELATED TO COMPLIANCE WITH THE NYS NONPROFIT REVITALIZATION ACT. THIS INCLUDED CHANGES TO THE:

- BY-LAWS
- CONFLICTS OF INTEREST POLICY

Name of the organization	THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	Employer identification number	14-1505623
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- CODE OF ETHICAL CONDUCT & ANNUAL POTENTIAL CONFLICTS DISCLOSURE STATEMENT
- AUDIT OVERSIGHT POLICY
- WHISTLEBLOWER PROTECTION POLICY -

FORM 990, PART VI, SECTION B, LINE 11:

THE AUDIT COMMITTEE REVIEWED THE DRAFT FORM 990 AND SUGGESTED CHANGES WERE MADE. THE FORM 990 WAS PRESENTED TO ALL BOARD MEMBERS ELECTRONICALLY BEFORE FILING. THE IRS FORM 990 IS PREPARED BY CFGCR'S AUDITING FIRM.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD, COMMITTEE VOLUNTEERS AND STAFF ARE REQUIRED TO COMPLETE THE CODE OF ETHICAL CONDUCT & ANNUAL POTENTIAL CONFLICTS DISCLOSURE STATEMENT ANNUALLY. THE DOCUMENTS ARE DISTRIBUTED PRIOR TO THE FIRST MEETING OF THE BOARD TERM AND ARE KEPT ON FILE AT THE CFGCR OFFICES. CFGCR STAFF MONITOR COMPLIANCE WITH THIS REQUIREMENT.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION'S CEO IS EVALUATED ANNUALLY BY THE CFGCR EXECUTIVE COMMITTEE. THE CEO COMPLETES A SELF-EVALUATION AND PROVIDES THE COMMITTEE WITH THE CEO JOB DESCRIPTION AND A CHART OF PROGRESS ON STATED GOALS. THE COMMITTEE ALSO RECEIVES COMPARATIVE INFORMATION ON SALARIES OF COMMUNITY FOUNDATION CEO'S FROM THE COUNCIL ON FOUNDATION'S COMPENSATION SUMMARY. THE COMMITTEE REVIEWS THE INFORMATION PROVIDED AND COMPLETES A REVIEW OF THE CEO. THIS EVALUATION IS SHARED WITH THE CEO AND THE ENTIRE BOARD. THE BOARD CONFIRMS ANY CHANGES TO SALARY AND BENEFITS BASED ON THE EVALUATION AND BUDGET CONSIDERATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

Name of the organization THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	Employer identification number 14-1505623
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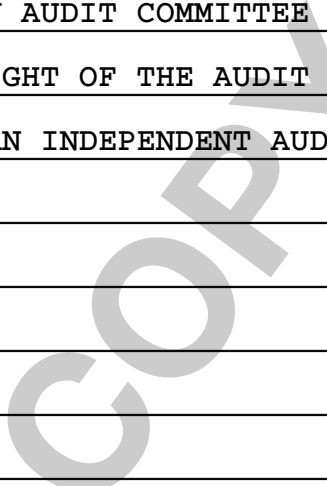
CFGCR MAKES ITS AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE AND UPON REQUEST. OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

THE WILLIAM AND MARY BARNET FOUNDATION	-547,219.
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FORM 990, PART XII, LINE 2C:

THE ORGANIZATION MAINTAINS AN AUDIT COMMITTEE WHICH ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT AUDITOR.



**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization **THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.** Employer identification number **14-1505623**

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CFCR REAL PROPERTY TRANSACTIONS, LLC - 14-1505623, 6 TOWER PLACE/EXECUTIVE PARK DRIVE, ALBANY, NY 12203	TO MANAGE REAL PROPERTY INTENDED TO BE DONATED TO COMMUNITY FOUNDATION.	NEW YORK	0.	0.	

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE WILLIAM AND MARY BARNET FOUNDATION - 14-1835725, 6 TOWER PLACE/EXECUTIVE PARK DRIVE, ALBANY, NY 12203	CHARITABLE GIVING	NEW YORK	501(C)(3)	LINE 11C, III-FI	N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

**THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.**

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.**

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Dividends from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.

COPY

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2014

Department of the Treasury
Internal Revenue Service

For calendar year 2014 or other tax year beginning _____, and ending _____

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 6 TOWER PLACE, EXECUTIVE PARK</p> <p>City or town, state or province, country, and ZIP or foreign postal code ALBANY, NY 12203</p>	<p>D Employer identification number (Employees' trust, see instructions.) 14-1505623</p> <p>E Unrelated business activity codes (See instructions.) 525990</p>
--	----------------------	--	--

C Book value of all assets at end of year: **64,532,625.**

F Group exemption number (See instructions.)

G Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ▶ **FLOW THROUGH INVESTMENT**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **KAREN BILOWITH** Telephone number ▶ **518-446-9638**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		18,575.	STMT 1	18,575.
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		18,575.		18,575.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	647.
20 Charitable contributions (See instructions for limitation rules) STATEMENT 3 SEE STATEMENT 2	20	1,693.
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	2,340.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	16,235.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	16,235.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	15,235.

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Form 990-T (2014)

14-1505623

Page 2

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c Income tax on the amount on line 34	35c	2,285.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	2,285.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a		
b Other credits (see instructions)	40b		
c General business credit. Attach Form 3800	40c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d		
e Total credits. Add lines 40a through 40d	40e		
41 Subtract line 40e from line 39	41		2,285.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42		
43 Total tax. Add lines 41 and 42	43		2,285.
44a Payments: A 2013 overpayment credited to 2014	44a		
b 2014 estimated tax payments	44b		
c Tax deposited with Form 8868	44c	2,500.	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d		
e Backup withholding (see instructions)	44e		
f Credit for small employer health insurance premiums (Attach Form 8941)	44f		
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	44g		
45 Total payments. Add lines 44a through 44g	45		2,500.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46		53.
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47		
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48		162.
49 Enter the amount of line 48 you want: Credited to 2015 estimated tax 162. Refunded	49		0.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (att. schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer: _____ Date: _____ Title: **PRESIDENT**
May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only
Print/Type preparer's name: **TODD P. TERESCO** Preparer's signature: _____ Date: _____ Check if self-employed PTIN: **P00247720**
Firm's name: **SAXBST LLP** Firm's EIN: **46-4001827**
Firm's address: **26 COMPUTER DRIVE WEST ALBANY, NY 12205** Phone no.: **(518) 459-6700**

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I		0.	0.			0.
Totals, Part II (lines 1-5)		Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.			Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS	STATEMENT	1
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DESCRIPTION	AMOUNT
PERENNIAL REAL ESTATE FUND II, LP	18,575.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	18,575.

FORM 990-T	CONTRIBUTIONS	STATEMENT	2
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DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH ONLY	N/A	1,876.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		1,876.

COPY

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2009
 FOR TAX YEAR 2010
 FOR TAX YEAR 2011
 FOR TAX YEAR 2012
 FOR TAX YEAR 2013

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

1,876

TOTAL CONTRIBUTIONS AVAILABLE

1,876

TAXABLE INCOME LIMITATION AS ADJUSTED

1,693

EXCESS 10% CONTRIBUTIONS

183

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

183

ALLOWABLE CONTRIBUTIONS DEDUCTION

1,693

TOTAL CONTRIBUTION DEDUCTION

1,693

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return. **FORM 990-T**

2014

▶ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

Name THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	Employer identification number 14-1505623
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	2,285.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c	2d		
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	2,285.
4 Enter the tax shown on the corporation's 2013 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	2,285.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty (see instructions).

6 The corporation is using the adjusted seasonal installment method.

7 The corporation is using the annualized income installment method.

8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment					
		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	04/15/14	06/15/14	09/15/14	12/15/14
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column.	10	571.	572.	571.	571.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15	11				
<i>Complete lines 12 through 18 of one column before going to the next column.</i>					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				
14 Add amounts on lines 16 and 17 of the preceding column	14		571.	1,143.	1,714.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		571.	1,143.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	571.	572.	571.	571.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2014)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2014 and before 7/1/2014	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\%}{365}$	22	\$	\$	\$
23 Number of days on line 20 after 06/30/2014 and before 10/1/2014	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\%}{365}$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2014 and before 1/1/2015	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\%}{365}$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2014 and before 4/1/2015	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\%}{365}$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2015 and before 7/1/2015	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2015 and before 10/01/2015	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2015 and before 1/1/2016	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2015 and before 2/16/2016	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns	38		\$	53.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	Employer identification number (EIN) or 14-1505623
	Number, street, and room or suite no. If a P.O. box, see instructions. 6 TOWER PLACE, EXECUTIVE PARK	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALBANY, NY 12203	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

KAREN BILOWITH

• The books are in the care of **6 TOWER PLACE - ALBANY, NY 12203**
Telephone No. **518-446-9638** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2015**.

5 For calendar year **2014**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	Employer identification number (EIN) or 14-1505623
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 6 TOWER PLACE, EXECUTIVE PARK	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALBANY, NY 12203	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KAREN BILOWITH

- The books are in the care of ▶ **6 TOWER PLACE - ALBANY, NY 12203**
Telephone No. ▶ **518-446-9638** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2014** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	2,500.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	2,500.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.